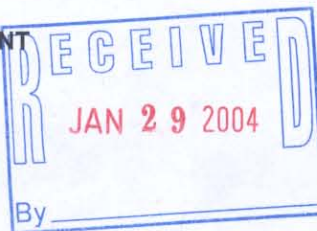




FINANCIAL DISCLOSURE STATEMENT  
STATE ETHICS COMMISSION  
IC 4-2-6-8  
State Form 40876 (R7 / 12-01)



For the calendar year

Check if this is an amendment to your current statement. ☐

|                         |                      |                |              |                    |       |
|-------------------------|----------------------|----------------|--------------|--------------------|-------|
| Name (last)             | Berry                | Name (first)   | Timothy      | Name (middle)      | J.    |
| Spouse's Name (last)    | Berry                | Name (first)   | Kimberly     | Name (middle)      | K.    |
| Office address (street) | 7629 Prarie View Dr. | Address (city) | Indianapolis | Address (ZIP code) | 46256 |
| Office telephone number | (317 ) 232-6386      |                |              |                    |       |

I am filing this statement as a (check one box) ☐ candidate for office ☒ incumbent officeholder ☐ state employee

|                  |                             |           |                    |
|------------------|-----------------------------|-----------|--------------------|
| Office or agency | Treasurer of State's Office | Job title | Treasurer of State |
|------------------|-----------------------------|-----------|--------------------|

Each part must be answered. Whenever a particular item does not apply, please write in "none" or "not applicable." See reverse side for complete instructions and definitions. Words in ***bold italics*** are included in the definitions.

PART 1 - GIFTS (If you have no information to report in this section, put an "X" in this box) ☐

List the name and address of any ***person*** known to have a ***business relationship*** with the agency of the state officer or employee or the office sought by the candidate, and from whom the state officer, candidate, or the employee, or that individual's spouse or unemancipated children received a ***gift*** or gifts having a total fair market value in excess of one hundred dollars (\$100).

|             |                                |                |              |                    |       |
|-------------|--------------------------------|----------------|--------------|--------------------|-------|
| Name (last) | Indianapolis Airport Authority | Address (city) | Indianapolis | Address (ZIP code) | 46241 |
| Name (last) | Indianapolis Motor Speedway    | Address (city) | Indianapolis | Address (ZIP code) | 46224 |
| Name (last) | Theatre Owners of Indiana      | Address (city) | Indianapolis | Address (ZIP code) | 46219 |

PART - 2 REAL PROPERTY INTERESTS (If you have no information to report in this section, put an "X" in this box) ☐

List the location of all real property in which you, your spouse, or your unemancipated children have equitable or legal interest either amounting to five thousand dollars (\$5,000) or more or comprising ten percent (10%) of your net worth or the net worth of your spouse or your unemancipated children. You need not include your residence unless it also serves as income property.

|                           |   |
|---------------------------|---|
| Property and its location | Personal Residence 7629 Prarie View Dr Indianapolis, IN 46256 |
| Property and its location |   |
| Property and its location |   |

PART 3 - NON - STATE EMPLOYERS (If you have no information to report in this section, put an "X" in this box) ☐

List the name of your ***employer(s)*** and the employer(s) of your spouse and the nature of each employer's business.

|                            |                    |
|----------------------------|--------------------|
| Your employer              | Nature of business |
| Spouse's employer          | Nature of business |
| Cystic Fibrosis Foundation | Executive Director |

**PART 1 Gifts (continued)**

List the name and address of any person known to have a business relationship with the agency of the state officer or employee or the office sought by the candidate, and from whom the state officer, candidate, or the employee, or that individual's spouse or unemancipated children received a gift of gifts having a total fair market value in excess of one hundred dollars (\$100).

| <u>Name</u>        | <u>Address (city)</u> | <u>Address (Zip Code)</u> |
|--------------------|-----------------------|---------------------------|
| Bank One           | Indianapolis          | 46266                     |
| National City Bank | Indianapolis          | 46255                     |
| Union Federal Bank | Indianapolis          | 46204                     |

**PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE** (If you have no information to report in this section, put an "X" in this box) ☐

List any sole proprietorship owned or professional practice operated by you or your spouse and the nature of the business.

|  |                             |
|--|-----------------------------|
| Name of your business<br><b>None</b>   | Nature of business          |
| Name of spouse's business  | Nature of spouse's business |
| Do any clients for these businesses listed above have a <i>business relationship</i> with your agency (or in the case of a candidate, with the office sought)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             |
| List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.  |                             |

**PART 5 - PARTNERSHIPS** (If you have no information to report in this section, put an "X" in this box) ☐

List any partnership in which you or your spouse is a member and the nature of the partnership business.

|                                    |                                |
|------------------------------------|--------------------------------|
| Name of partnership<br><b>None</b> | Nature of partnership          |
| Name of spouse's partnership       | Nature of spouse's partnership |

**PART 6 - OFFICER OR DIRECTOR OF CORPORATION** (If you have no information to report in this section, put an "X" in this box) ☐

List the name of any corporation in which you or your spouse is an officer or director and the nature of the corporation's business. Churches need not be listed.

|                                    |                             |
|------------------------------------|-----------------------------|
| Name of corporation<br><b>None</b> | Nature of business          |
| Name of spouse's corporation       | Nature of spouse's business |

**PART 7 - STOCKHOLDER OF CORPORATION** (If you have no information to report in this section, put an "X" in this box) ☐

List the name of any corporation in which you, your spouse, or your unemancipated children own stock or stock options having a fair market value in excess of ten thousand dollars (\$10,000). A time or demand deposit in a financial institution or insurance policy need not be listed.

| Name of corporation | yours | spouse's | children's |
|---------------------|-------|----------|------------|
| <b>None</b>         |       |          |            |
|                     |       |          |            |
|                     |       |          |            |

**PART 8 - MOST RECENT EMPLOYER** (If you have no information to report in this section, put an "X" in this box) ☐

List the name and address of your most recent former employer.

|   |   |
|---|---|
| Name of your most recent former employer<br><b>Allen County</b> | Address (street, city, ZIP code)<br><b>1 East Main St. #100 Ft. Wayne, IN 46802</b> |
|---|---|

▼ PLEASE SIGN AFFIRMATION ON REVERSE SIDE ▼

AFFIRMATION

I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.

I understand that I may file an amended statement upon discovery of additional information required to be reported.

I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000). I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

Personal signature

*Jim BERRY*

Date signed

*1/28/04*

Mail or deliver to the following address:

Indiana State Ethics Commission  
402 West Washington Street, Room W189  
Indianapolis IN 46204-2026  
Telephone: (317) 232-3850